

DEC 1 7 2007 /Q

MICHAEL W. DOBBINS CLERIK, U.S. DISTRICT COURT

7/18/02

## UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

DR.	RABBI K. A. IS	RAEL,								
CONS	ULAR ATTORNEY,	BROTHER (	OF AN EOD!	MA DATID	mbic v	DDT TCA	TYAN			
AND	GUARDIAN FOR.		TIVEOR	VIA FAUF	AND	ITLICA	HON			
MS.	BEATRICE DEMET	RICE GARTE	1.	FINANCI		TIDAVIT	•			
	SABLED PERSON.			I II II II I			•			
	Plaintiff									
VERSU	<u>S_</u> _			07cv	7084					
CIR.	COURT OF COOK	COUNTY,	ILL.,							
	OWN, LISA MADI			JUDO	JE N	ORGL	.E			
	Defendant(s)	GVM LI D	JU	. RAAC	Har	CE K	EVC			
ET AL	• Potomania(s)			' INIAG	JUU.	GE K	E13			
**************************************			······					,		
	er □ is included, please p									
	more information than to number and provide the				ages that i	refer to each	such			
I, DR.	RABBI K. A. I	SRAEL.	. declare tha	at I am the 🛭	blaintiff <del>y</del>	Detitioner	<b>図</b> movant			
(other	) in	the above-entit	led case. This	affidavit con	stitutes m	ıv applicati	on 🖾 to			
proceed	without full prepayme	ent of fees, or I	I in support of	f my motion	for appoin	ntment of c	ounsel, or KK	•		
	also declare that I am									
	ought in the complaint/					,				
	/application/motion/ap					y of perjury	<u>z</u> :			
	-	_	_				_			
1.	Are you currently inca I.D. #		□Yes ne of prison o	ov <b>iki</b> kx	(If "No,"	' go to Que	stion 2)			
	jail:	14aı	ne or prison of	L						
	Do you receive any pa	vment from the	e institution?	□Yes □No	Monthly	amount:				
_		_			,					
2.	Are you currently emp		□Yes	o <b>viki</b> k						
. •	Monthly salary or way Name and address of	zes: employer								
		omproyer		·						
	a. If the answer									
•	Date of last of	employment:	DECEMBER (	2006	,					
•	Monthiy salar	rv or wages:	-000000000	10000 s	RIE EM	PLYED.				
	P_O_ ROX	dress of last em	HICAGO.	-CHEMICA	L-MOLE	<del>ÇULAR S</del> 41.	AGRI-GE	NETICS		
	b. Are you mar		□Yes	·						
	Spouse's mo	nthly salary or		XXXXX						
	Name and ac	ldress of emplo	yer:							
		<del>_</del>								
3.	Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the									
	following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in									
	each category.						11 7			
	<ol> <li>Salary or wa</li> </ol>	ges			Yes	X XX	No			
	Amount		_Received by_							
	b. □ Business,	☐ profession or	r□ other self :	emnlozment		□Yes	No.			
	Amount	in protession of	Received by			□168	X XrXIIAO			
			Page 1 of 3							
	c. 🗀 Rent payn	nents, 🗆 interes		ds		□Yes	XXXNo			

	Amount Reco	eived by						
	d. ☐ Pensions, M social security, ☐ annuities, ☐ life insurance, ☑ disability, ☐ work compensation, ☐ unemployment, Xkwelfare, ☐ alimony or maintenance or ☐ child support XXXYes ☐ Amount \$\$624.00 SOC.SEC. Received by DR. RABBI K. A. ISRAEL.							
	Anioun \$5624.00 SUC. SEC. Reco	AVOI DY DR. RARES K.	A 1 SPAEI	<del> </del>				
	e. □ Gifts or □ inheritances Amount Recei	ved by	□Yes	ONKKX				
	f. XXAny other sources (state source Amount FOOD STAMPS: \$113.Rec	eived by DR. RABB1 K	XXYes A ISRA!	∐No EL,				
4.	Do you or anyone else living at the same savings accounts?  In whose name held:	address have more than \$200	in cash or chec	cking or				
5.	Do you or anyone else living at the same financial instruments?  Property: NONE. In whose name held:	address own any stocks, bond	ds, securities or	X XIXINo				
	Do you or anyone else living at the same condominiums, cooperatives, two-flats, the Address of property:  NONE.  Type of property:  In whose name held:  Amount of monthly mortgage or loan pay Name of person making payments:	nree-flats, etc.)?	□Yes	XXXINo				
7.	Do you or anyone else living at the same homes or other items of personal property  Property: NONE.	address own any automobiles with a current market value	s, boats, trailers of more than \$ □Yes	s, mobile 1000? XXEINo				
	Current value: In whose name held:	Relationship to you	·					
	an whose name nerd.	Relationship to you.						
8.	List the persons who are dependent on you and indicate how much you contribute medependents	u for support, state your related to their support. If no	tionship to eacl ne, check here	h person □No				
MS.	BEATRICE DEMETRICE GARTH:	SISTER: \$\$57 DOLL	ARS PER MO	ONTH -				

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: DECEMBER 14, 2007

DR. RABBI K. A. ISRAEL, ALSO KNOWN AS DR. RABBI K. GARTH RICHARDSON.

(Print Name)